

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003224

FILED
Jan 24, 2011
Secretary of State

Entity Name: MERCY OUTPATIENT SERVICES, INC.

Current Principal Place of Business:

3663 SOUTH MIAMI AVENUE
4TH FLOOR
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 SOUTH MIAMI AVENUE
4TH FLOOR
MIAMI, FL 33133

New Mailing Address:

FEI Number: 51-0461511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, LEWIS W
TWO DATRAN CENTER, SUITE 1121
9130 S. DADELAND BOULEVARD
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: PORGES, JOHN M
Address: 420 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33148

Title: D
Name: BARRIOS, GERALD M.D.
Address: 3661 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D
Name: DEMARIA, RICHARD BR
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: CD
Name: LOPEZ, RAUL M.D.
Address: 1643 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

Title: D
Name: GUZMAN, MARILUZ
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D
Name: PARDO, DAMIAN J
Address: 421 NE 51ST ST
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAUL LOPEZ, M.D.

CD

01/24/2011

Electronic Signature of Signing Officer or Director

Date